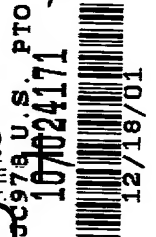


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1064 U.S. PTO

12-21-01



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Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0032  
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|  |  |
|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No. 60130-1034/01MRA0170                     |
|  | First Inventor or Application Identifier Robert P. Carlstedt |
|  | Title CLUTCHED STABILIZER BAR                                |
|  | Express Mail Label No. EL 747 232 752 US                     |

| APPLICATION ELEMENTS<br><small>See MPEP chapter 600 concerning utility patent application contents</small>   | ADDRESS TO: Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |  |
|--|--|--|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)   |  |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 13]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>   | 6. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>  |  |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]   | <b>ACCOMPANYING APPLICATION PARTS</b><br>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>13. <input type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>15. <input type="checkbox"/> This application claims priority to<br>16. <input checked="" type="checkbox"/> Other: Certificate of Express Mail |  |
| 4. Oath or Declaration [Total Pages 6] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/>(for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>  |  |  |
| <b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>   |  |  |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____<br>Prior application information. Examiner _____ Group / Art Unit: _____<br><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |

|  |  |           |                |          |                |
|--|--|-----------|----------------|----------|----------------|
| <b>17. CORRESPONDENCE ADDRESS</b>  |  |           |                |          |                |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label 026096 or <input type="checkbox"/> Correspondence address below<br>(Insert Customer No. or Attach bar code label here) |  |           |                |          |                |
| Name   | Karin H. Butchko<br>CARLSON, GASKEY & OLDS, P.C. |           |                |          |                |
| Address  | 400 West Maple Road, Suite 350                   |           |                |          |                |
| City   | Birmingham                                       | State     | MI             | Zip Code | 48009          |
| Country  | USA  | Telephone | (248) 988-8360 | Fax      | (248) 988-8363 |

|                   |                  |                                   |                   |
|-------------------|------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Karin H. Butchko | Registration No. (Attorney/Agent) | 45,864            |
| Signature         |                  | Date                              | December 18, 2001 |

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12/18/01

11064 U.S. PTO

PTO/SB/17 (10-01)

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$)**780.00****Complete if Known**

|                      |                      |
|----------------------|----------------------|
| Application Number   | Herewith             |
| Filing Date          | Herewith             |
| First Named Inventor | Robert P. Carlstedt  |
| Examiner Name        | Unknown              |
| Group Art Unit       | Unknown              |
| Attorney Docket No.  | 60130-1034/01MRA0170 |

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **50-1482**
- Deposit Account Name **Carlson, Gaskey & Olds**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status See 37 CFR 1.27
2. ☒ **Payment Enclosed:**
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Code (\$) | Small Entity Code (\$) | Fee Description        | Fee Paid |
|------------------------|------------------------|------------------------|----------|
| 101 740                | 201 370                | Utility filing fee     | 740.00   |
| 106 330                | 206 165                | Design filing fee      |          |
| 107 510                | 207 255                | Plant filing fee       |          |
| 108 740                | 208 370                | Reissue filing fee     |          |
| 114 160                | 214 80                 | Provisional filing fee |          |

**SUBTOTAL (1)** (\$)**740.00****2. EXTRA CLAIM FEES**

Total Claims **20** -20\*\* = **0.00** x **Fee from below** = **Fee Paid**

Independent Claims **3.00** -3\*\* = **0** x **Fee from below** = **Fee Paid**

Multiple Dependent **Fee from below** = **Fee Paid**

| Large Entity Code (\$) | Small Entity Code (\$) | Fee Description  |
|------------------------|------------------------|--|
| 103 18                 | 203 9                  | Claims in excess of 20                                     |
| 102 84                 | 202 42                 | Independent claims in excess of 3                          |
| 104 280                | 204 140                | Multiple dependent claim, if not paid                      |
| 109 84                 | 209 42                 | ** Reissue independent claims over original patent         |
| 110 18                 | 210 9                  | ** Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2)** (\$)**0.00**

\*\*for number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130                    | 205 65                     | Surcharge - late filing fee or oath  |          |
| 127 50                     | 227 25                     | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139 130                    | 139 130                    | Non-English specification  |          |
| 147 2,520                  | 147 2,520                  | For filing a request for <i>ex parte</i> reexamination                     |          |
| 112 920*                   | 112 920*                   | Requesting publication of SIR prior to Examiner action                     |          |
| 113 1,840*                 | 113 1,840*                 | Requesting publication of SIR after Examiner action                        |          |
| 115 110                    | 215 55                     | Extension for reply within first month                                     |          |
| 116 400                    | 216 200                    | Extension for reply within second month                                    |          |
| 117 920                    | 217 460                    | Extension for reply within third month                                     |          |
| 118 1,440                  | 218 720                    | Extension for reply within fourth month                                    |          |
| 128 1,960                  | 228 980                    | Extension for reply within fifth month                                     |          |
| 119 320                    | 219 160                    | Notice of Appeal   |          |
| 120 320                    | 220 160                    | Filing a brief in support of an appeal                                     |          |
| 121 280                    | 221 140                    | Request for oral hearing   |          |
| 138 1,510                  | 138 1,510                  | Petition to institute a public use proceeding                              |          |
| 140 110                    | 240 55                     | Petition to revive - unavoidable   |          |
| 141 1,280                  | 241 640                    | Petition to revive - unintentional   |          |
| 142 1,280                  | 242 640                    | Utility issue fee (or reissue)   |          |
| 143 460                    | 243 230                    | Design issue fee   |          |
| 144 620                    | 244 310                    | Plant issue fee  |          |
| 122 130                    | 122 130                    | Petitions to the Commissioner  |          |
| 123 50                     | 123 50                     | Processing fee under 37 CFR 1.17(q)  |          |
| 126 180                    | 126 180                    | Submission of Information Disclosure Stmt                                  |          |
| 581 40                     | 581 40                     | Recording each patent assignment per property (times number of properties) | 40.00    |
| 146 740                    | 246 370                    | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149 740                    | 249 370                    | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179 740                    | 279 370                    | Request for Continued Examination (RCE)                                    |          |
| 169 900                    | 169 900                    | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**40.00****SUBMITTED BY**

Complete (if applicable)

|                   |                      |                                  |                   |           |              |
|-------------------|----------------------|----------------------------------|-------------------|-----------|--------------|
| Name (Print/Type) | Karin H. Butchko     | Registration No (Attorney/Agent) | 45,864            | Telephone | 248 988-8360 |
| Signature         | <i>Karin Butchko</i> | Date                             | December 18, 2001 |           |              |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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**UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert P. Carlstedt  
Serial No.: Unknown  
Filed: Herewith  
Title: CLUTCHED STABILIZER BAR

**EXPRESS MAIL CERTIFICATE**

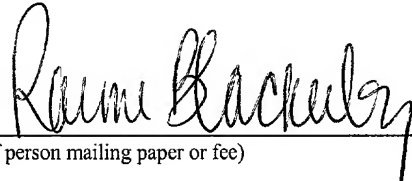
“Express Mail” Label Number: **EL 747 232 752 US**

Date of Deposit: December 18, 2001

I hereby certify that the attached documents or fees are being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and are addressed to “Box Patent Application, Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231”.

Raimi Blackerby

(Typed or printed name of person mailing paper or fee)

A handwritten signature in cursive script, reading "Raimi Blackerby", written over a horizontal line.

(Signature of person mailing paper or fee)

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